

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814  
(916) 324-2725



April 3, 1984

ALL-COUNTY LETTER NO. 84-41

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: NOTICE OF ACTION (NA) MESSAGES

REFERENCE:

This letter transmits two notice of action messages (M40-125A and M44-113A) that contain language counties will be required to use in order to comply with the Consent Decree in Turner v. McMahon.

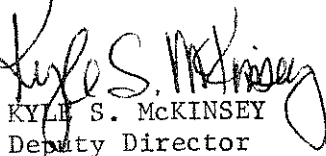
This language will accommodate two proposed actions by the counties as a result of the new Monthly Reporting/Retrospective Budgeting (MR/RB) regulations that became effective on January 1, 1984. The language is displayed on acceptable formats. Counties should begin using the attached messages immediately upon receipt.

These messages are designed for specific proposed actions and are not to be altered. While no changes are permitted to the language, the message may be complemented by other information and/or language on a second page where necessary.

Also, attached are the instructions on when and how to use each message and a sample of an authorized computer generated form with the NA messages.

Since the attached messages are considered to be of low usage at this time, the State will not be developing, printing and stocking supplies of these messages on an NA form. Counties should print/reproduce their own supplies as needed. When printing supplies of these messages on an NA form, counties must ensure that the NA is backed with the current back, which at the present is the "NA Back 3 (Cash Aid/FS)." Counties that discover that these messages have a high frequency use should provide this information to the Department for its consideration in determining whether a message should be printed, stocked and made available to the counties.

If you have any questions, please contact Henry Puga of the AFDC Policy Implementation Bureau at (916) 324-2725.

  
KYLE S. MCKINSEY  
Deputy Director

Attachments

cc: CWDA

FORM INSTRUCTIONS

M40-125-A

RESTORATION (BREAK IN AID)

M40-125-A

Purpose and Nature of Form

This message will notify applicants that their cash aid has been restored/ approved (after being discontinued for failure to provide a CA-7 for the report month). In addition, it also explains to the recipient what and why the earned income disregards were not allowed.

Notes on Using the Form

Use this message to notify recipients that their cash aid has been restored/ approved. Use only when the action being taken is for a break in aid of less than one calendar month and it is due to the failure of the recipient to provide a CA-7 for the report month.

# Notice of Action

*If you have questions or want more information about this action, please contact your worker.*

Case Name :  
Case Number :  
Worker :  
Phone :  
Date :

**Description of the Action, Amount, Reason(s), Comments.** Effective \_\_\_\_\_, the following action is being taken:

We have approved your request that we restore your aid. Because you were off aid for less than a month, we used your reported income from \_\_\_\_\_ to figure your aid payment. Your aid begins on \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ for the period from \_\_\_\_\_ to \_\_\_\_\_.

If you had earnings and did not provide a complete Monthly Report (CA 7) by the 11th of \_\_\_\_\_, we figured your aid payment without allowing the earned income disregards you usually get. The item(s) checked below applies to you.

- ☐ Standard Work Expense Disregard (\$50 or \$75)
- ☐ Dependent Care Disregard (Child or Adult Care Expenses)
- ☐ \$30 and 1/3 Disregard

Computation of: ☐ Financial Eligibility  
☐ Aid Payment

Maximum Aid \_\_\_\_\_ for \_\_\_\_\_ persons \_\_\_\_\_  
 Special Needs (specify) \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_  
 Net Non-exempt Income \_\_\_\_\_ - \_\_\_\_\_  
 Child/Spousal Support Collected by the County \_\_\_\_\_  
 (for eligibility computation only) \_\_\_\_\_ - \_\_\_\_\_  
 Total Grant \_\_\_\_\_ = \_\_\_\_\_  
 Overpayment Adjustment (see page \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
 Monthly Aid Payment \_\_\_\_\_ = \_\_\_\_\_  
 Your aid this month may be less  
 (see above).

### Net Nonexempt Income Computation

## Total Earned income

Inc. Tax, Soc. Sec. and Disab. Ins.  
Standard Work Expense Disregard  
Dependent Care Expense Disregard  
Disregard: \$30  
Subtotal

Subtotal  
Disregard: 1/3 of Subtotal

Other Countable Income: \_\_\_\_\_

\_\_\_\_\_

[illegible]

**Court Ordered Child/Spousal Support Paid**

### ● **Net Allowable Income**

**Net Nonexempt Income Total (column 1)**

Net Nonexempt Income Total (columns 1-4)

OF

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**Regulations.** This action is required by State regulations which are available for review at the county welfare department: Manual of Policies and Procedures (MPP) Section(s) 40-125.9, 44-113, 44-313

Medi-Cal: California Administrative Code Title 22, Section(s)

**Child Support.** The District Attorney can help you locate an absent parent, legally establish your child's paternity, and collect child support. To obtain these services, or to continue them if aid is discontinued, you must contact the District Attorney's office.

**Family Planning Services.** Information is available from the County Welfare Department on request.

**State Hearing.** If you are dissatisfied with this action, your aid may continue unchanged if you ask for a State Hearing before the effective date of the action. Read the back for important information about your right to appeal this action.

## FORM INSTRUCTIONS

M44-113A

DISALLOWANCE OF DEDUCTION(S)/DISREGARD(S)

M44-113A

Purpose and Nature of the Form

This message notifies recipients that their monthly grant has changed because the earned income deduction(s) or disregard(s) were not allowed when computing the grant. It also lists the disregards/deductions that were disallowed, the reason why they were not allowed and what the recipient can do to have the welfare department reconsider the earned income expense.

Notes on Using the Form

Use this message when the action being taken is to reduce the grant due to a disallowance of the earned income deduction(s)/disregard(s). Check the appropriate box(es) that applies to the action being taken. For the self-employment expenses box be sure to indicate the specific expense that is being disallowed.

*If you have questions or want more information  
about this action, please contact your worker.*

Case Name :  
Case Number :  
Worker :  
Phone :  
Date :

Description of the Action, Amount, Reason(s), Comments. Effective \_\_\_\_\_, the following action is being taken:

Your aid payment for \_\_\_\_\_ is changed from \$ \_\_\_\_\_ to \$ \_\_\_\_\_.

In figuring your aid payment we did not allow the disregard or deduction that you usually get because you did not provide us with information or written proof as checked below.

- ☐ Information on days and hours worked to determine if you get the \$75 or \$50 Standard Work Expense Disregard
- ☐ Written proof of Child or Adult Care Expenses
- ☐ Written proof of Child or Spousal Support paid by you
- ☐ Written proof of Self-Employment Expenses \_\_\_\_\_

Send or bring us the missing information so that we can refigure your aid payment.

Computation of: ☐ Financial Eligibility

☐ Aid Payment.

Maximum Aid for \_\_\_\_\_ persons

Special Needs (specify) \_\_\_\_\_

Net Non-exempt income

Child/Spousal Support Collected by the County  
(for eligibility computation only)

Total Grants

Overpayment Adjustment (see page \_\_\_\_\_)

Monthly Aid Payment

### Net Nonexempt Income Computation

Total Earned Income

Inc. Tax, Soc. Sec. and Disab. Ins.

### Standard Work Expense Disregard

### Dependent Care Expense Disregard

Disregard: \$30

Subtotal

Disregard: 1/3 of Subtotal

Other Countable Income:

**Court Ordered Child/Spousal Support Paid**

- **Net Nonexempt Income**

● **Net Nonexempt Income Total** (columns 1 + 2 + 3)

[illegible]

regulations. This action is required by State regulations which are available for review at the county welfare department: Manual of Policies and Procedures (MPP) Section(s) 44-113.212b, 40-181.244

Medi-Cal California Administrative Code Title 22, Section(s)

**Child Support.** The District Attorney can help you locate an absent parent, legally establish your child's paternity, and collect child support. To obtain these services, or to continue them if aid is discontinued, you must contact the District Attorney's office.

**Family Planning Services.** Information is available from the County Welfare Department on request.

State Hearing. If you are dissatisfied with this action, your aid may continue unchanged if you ask for a State Hearing before the effective date of the action. Read the back for important information about your right to appeal this action.

## NOTICE OF ACTION

IF YOU HAVE ANY QUESTIONS OR WANT MORE INFORMATION  
ABOUT THIS NOTICE, PLEASE CONTACT YOUR WORKER.

IF YOU WANT A SPANISH TRANSLATION OF THIS  
PAPER, CALL YOUR ELIGIBILITY WORKER

SI QUIERE UD UNA TRADUCCION EN ESPANOL  
ESTE PAPEL, LLAME A SU TRABAJADOR (A) DE  
ELEGIBILIDAD.

DATE: \_\_\_\_\_ STATE NUMBER: \_\_\_\_\_

ELIGIBILITY WORKER:  
ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_  
CASE NAME: \_\_\_\_\_

EFFECTIVE \_\_\_\_\_, THE FOLLOWING ACTION IS BEING TAKEN: YOUR AID PAYMENT FOR  
\_\_\_\_\_ IS CHANGED FROM \$ \_\_\_\_\_ TO \$ \_\_\_\_\_.

IN FIGURING YOUR AID PAYMENT WE DID NOT ALLOW THE DISREGARD OR DEDUCTION THAT YOU USUALLY  
GET BECAUSE YOU DID NOT PROVIDE US WITH THE INFORMATION OR WRITTEN PROOF AS CHECKED BELOW.

\_\_\_\_\_ INFORMATION ON DAYS AND HOURS WORKED TO DETERMINE IF YOU GET THE \$75 OR \$50  
STANDARD WORK EXPENSE DISREGARD.

\_\_\_\_\_ WRITTEN PROOF OF CHILD OR ADULT CARE EXPENSES.

\_\_\_\_\_ WRITTEN PROOF OF CHILD OR SPOUSAL SUPPORT PAID BY YOU.

\_\_\_\_\_ WRITTEN PROOF OF SELF-EMPLOYMENT EXPENSES \_\_\_\_\_

SEND OR BRING US THE MISSING INFORMATION SO THAT WE CAN REFIGURE YOUR AID PAYMENT.

(MPP) SECTION(S) 44-113.212b, 40-181.244

## NOTICE OF ACTION

IF YOU HAVE ANY QUESTIONS OR WANT MORE INFORMATION  
ABOUT THIS NOTICE, PLEASE CONTACT YOUR WORKER.

IF YOU WANT A SPANISH TRANSLATION OF THE  
PAPER, CALL YOUR ELIGIBILITY WORKER

SI QUIERE UD UNA TRADUCCION EN ESPANOL  
ESTE PAPEL, LLAME A SU TRABAJADOR (A) DE  
ELEGIBILIDAD.

DATE: \_\_\_\_\_ STATE NUMBER: \_\_\_\_\_

ELIGIBILITY WORKER:  
ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_  
CASE NAME: \_\_\_\_\_

EFFECTIVE \_\_\_\_\_, THE FOLLOWING ACTION IS BEING TAKEN: WE HAVE APPROVED YOUR  
REQUEST THAT WE RESTORE YOUR AID. BECAUSE YOU WERE OFF AID FOR LESS THAN A MONTH, WE  
USED YOUR REPORTED INCOME FROM \_\_\_\_\_ TO FIGURE YOUR AID PAYMENT. YOUR AID  
BEGINS ON \_\_\_\_\_ IN THE AMOUNT OF \$ \_\_\_\_\_ FOR THE PERIOD FROM \_\_\_\_\_  
TO \_\_\_\_\_.

IF YOU HAD EARNINGS AND DID NOT PROVIDE A COMPLETE MONTHLY REPORT (CA 7) BY THE 11TH OF  
\_\_\_\_\_, WE FIGURED YOUR AID PAYMENT WITHOUT ALLOWING THE EARNED INCOME DISREGARDS  
YOU USUALLY GET. THE ITEM(S) CHECKED BELOW APPLIES TO YOU.

- \_\_\_ STANDARD WORK EXPENSE DISREGARD (\$50 OR \$75)
- \_\_\_ DEPENDENT CARE DISREGARD (CHILD OR ADULT CARE EXPENSE)
- \_\_\_ \$30 AND 1/3 DISREGARD

YOUR AID THIS MONTH MAY BE LESS (SEE ABOVE).

(MPP) SECTION(S) 40-125.9, 44-113, 44-313.